Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 1 of 55

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | | |
|-----|---|--|-----|---|
| | | About Debtor 1: | Ab | out Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on | Rownea | | |
| | your government-issued picture identification (for | First name | Fir | st name |
| | example, your driver's | M | | |
| | license or passport). | Middle name | Mic | ddle name |
| | Bring your picture | Cates | | |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Las | st name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9625 | | |

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26

Document Page 2 of 55 Desc Main

Case number (if known) Debtor 1 Rownea M Cates

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---|---|---|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| Where you live | 265 W. 105th STreet Chicago, IL 60628 | If Debtor 2 lives at a different address: |
| | Number, Street, City, State & ZIP Code Cook County | Number, Street, City, State & ZIP Code County |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s) EINs Where you live 265 W. 105th STreet Chicago, IL 60628 Number, Street, City, State & ZIP Code Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Why you are choosing this district to file for bankruptcy Why you are choosing this district longer than in any other district. I have another reason. |

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 3 of 55

Case number (if known) Debtor 1 Rownea M Cates

| 7. | The chapter of the | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing | | | | | ls Filing for Bankruptcy (Form | |
|-----|---|---|--|--|---|--|--------------------------------|--|
| | choosing to file under | | 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | ☐ Ch | apter 7 | | | | | |
| | | ☐ Ch | apter 11 | | | | | |
| | | ☐ Ch | apter 12 | | | | | |
| | | ■ Cha | apter 13 | | | | | |
| 3. | How you will pay the fee | | about how yo | ou may pay. Typica attorney is submitt | lly, if you are paying the | he fee yourself, yo | ou may pay with cash, c | al court for more details ashier's check, or money credit card or check with a |
| | | | | | | his option, sign a | nd attach the Application | n for Individuals to Pay The |
| | | | ŭ | Installments (Offici | , | nis option only if v | ou are filing for Chapte | r 7. By law, a judge may, but |
| | | i a | s not require applies to yo | d to, waive your fee ur family size and y | e, and may do so only ou are unable to pay | if your income is the fee in installm | less than 150% of the | official poverty line that soption, you must fill out the |
|). | Have you filed for | □ No. | | | | | | |
| | bankruptcy within the last 8 years? | ■ Yes | | | | | | |
| | | | District | ilnbke | When | 9/20/15 | Case number | 15-32004 |
| | | | District | | When | | Case number | |
| | | | District | | When | | Case number | |
| 10. | Are any bankruptcy cases pending or being filed by a | ■ No | | | | | | |
| | spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | | | | | | |
| | | | Debtor | | | | Relationship to y | ou |
| | | | District | | When | | Case number, if | known |
| | | | Debtor | | | | Relationship to y | ou |
| | | | District | | When | | Case number, if | known |
| 11. | Do you rent your residence? | ■ No. | Go to | line 12. | | | | |
| | residence : | ☐ Yes | . Has yo | our landlord obtaine | d an eviction judgmer | nt against you and | I do you want to stay in | your residence? |
| | | | | No. Go to line 12. | | | | |
| | | | | Voc Fill out Initial | Ctatamant Abandan | Cuintina Indones | | 01A) and file it with this |

Page 4 of 55 Document Case number (if known) Rownea M Cates Debtor 1 Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in you a small business 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| _ | INO. | |
|---|------|--|
| | | |
| | | |

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Rownea M Cates Page 5 of 55

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a

mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be unable to participate

in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity. I have a mental ill

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in

person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 6 of 55 Case number (if known) Debtor 1 Rownea M Cates Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do you 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that after I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are ☐ Yes. any exempt property is paid that funds will be available to distribute to unsecured creditors? excluded and administrative expenses □ No are paid that funds will be ☐ Yes available for distribution to unsecured creditors? 18. How many Creditors do **1.000-5.000 1** 25,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to be □ \$10.000.001 - \$50 million □ \$1.000.000.001 - \$10 billion □ \$50,001 - \$100,000 worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Rownea M Cates

Rownea M Cates Signature of Debtor 1

Executed on

January 30, 2016

MM / DD / YYYY

Signature of Debtor 2

MM / DD / YYYY

Executed on

Entered 01/30/16 08:12:26 Filed 01/30/16 Case 16-02874 Doc 1 Desc Main

Page 7 of 55 Document Case number (if known) Debtor 1 Rownea M Cates

For your attorney, if you are represented by one

attorney, you do not need to file filed with the petition is incorrect. this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in If you are not represented by an a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules

| /s/ Brenda Ann Likavec | Date | January 30, 2016 |
|--|---------------|-----------------------|
| Signature of Attorney for Debtor | _ | MM / DD / YYYY |
| | | |
| Brenda Ann Likavec | | |
| Printed name | | |
| The Semrad Law Firm, LLC | | |
| Firm name | | |
| 20 S. Clark Street | | |
| 28th Floor | | |
| Chicago, IL 60603 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (312) 913 0625 | Email address | rsemrad@semradlaw.com |
| 27224-64 | | |
| Bar number & State | | |

| | | DOCUM | <u>-: 11 Paue 6 01 55 </u> | |
|------------------------|----------------------------|-------------------|----------------------------|--|
| Fill in this inforn | nation to identify your ca | se: | | |
| Debtor 1 | Rownea M Cates | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as | ssets f what you own |
|----|--|--------------------|-------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 21,950.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 21,950.00 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | Your lia Amount | abilities : you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 15,603.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 8,946.00 |
| | Your total liabilities | \$ | 24,549.00 |
| Pa | rt 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,866.44 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,416.00 |
| Pa | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your country. | other schedu | ules. |
| 7. | ■ Yes What kind of debt do you have? | | |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 9 of 55 Case number (if known)

Debtor 1 Rownea M Cates Case court with your other schedules.

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14. |

\$_____3,546.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clair | n |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Debtor Debtor Spouse, i | First Name 2 if filing) First Name States Bankruptcy Court for the: | Middle Name Last Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS | | |
|-------------------------------|--|---|--|--|
| Debtor Spouse, i | First Name 2 if filing) First Name States Bankruptcy Court for the: | Middle Name Last Name | | |
| Spouse, i | 2 if filing) First Name States Bankruptcy Court for the: | Middle Name Last Name | | |
| Spouse, i | if filing) First Name States Bankruptcy Court for the: | | | |
| | - | NORTHERN DISTRICT OF ILLINOIS | | |
| | - | | ll l | |
| Case ni | umber | | | |
| | | | | Check if this is ar amended filing |
| | | | | - |
| Offic | cial Form 106A/B | | | |
| Sch | edule A/B: Prope | ertv | | 12/15 |
| | _ | items. List an asset only once. If an asset fits in more than | one category, list the asset in th | e category where you |
| | | as possible. If two married people are filing together, both a eet to this form. On the top of any additional pages, write you | | |
| uestion | | or to ano form. On the top of any additional pages, while you | ii iiaiio ana oaoo namboi (ii kiii | o,. / o o. o. o. o. y |
| Part 1: | Describe Each Residence Building | Land, or Other Real Estate You Own or Have an Interest In | | |
| ait i. | Describe Lacri Residence, Building, | Land, or Other Real Estate 100 Own or have an interest in | | |
| Do yo | ou own or have any legal or equitable i | nterest in any residence, building, land, or similar property? | ? | |
| ■ No | o. Go to Part 2. | | | |
| ☐ Ye | es. Where is the property? | | | |
| | | | | |
| Part 2: | Describe Your Vehicles | | | |
| □ No ■ Ye | | | De cast de desta conserva de la | Publication Publication |
| | Make: Model: | Who has an interest in the property? Check one Debtor 1 only | Do not deduct secured clai amount of any secured clai Creditors Who Have Clain | ms on Schedule D: |
| | Year: | Debtor 2 only | Current value of the | Current value of the |
| ļ | Approximate mileage: | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other information: | ☐ At least one of the debtors and another | | |
| | 2004 Pontiac Montana with ove 100000 miles | Check if this is community property (see instructions) | \$2,800.00 | \$2,800.00 |
| | | | Do not deduct secured clai | ime or exemptions. But the |
| | Make: | Who has an interest in the property? Check one | amount of any secured clai | ms on Schedule D: |
| ľ | Model: | Debtor 1 only | Creditors Who Have Clain | ns Secured by Property. |
| | Year: Approximate mileage: | Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | entine property: | portion you own: |
| A | Other information: | | | |
| <i>(</i> | Other information: | A reast one of the debtors and another | | |
| 2 | · · · · · · · · · · · · · · · · · · · | Check if this is community property (see instructions) | \$17,500.00 | \$17,500.00 |

Official Form 106A/B Schedule A/B: Property page 1

☐ Yes

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 11 of 55 , Case number (if known) Debtor 1 Rownea M Cates 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you \$20,300.00 have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Used household goods and furniture \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... Clothing \$350.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No

☐ Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$850.00

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Page 12 of 55 Case number (if known)

| Ра | rt 4: Describe Your Financial Assets | |
|-----|--|---|
| Do | o you own or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No ■ Yes | |
| | Cash | \$700.00 |
| | Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, institutions. If you have multiple accounts with the same institution, list each. ■ No | and other similar |
| | Yes Institution name: | |
| | Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No | |
| | Yes Institution or issuer name: | |
| 19. | Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LL venture No | C, partnership, and joint |
| | Yes. Give specific information about them | |
| | Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them Issuer name: | |
| | Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No | |
| | ■ Yes. List each account separately. | |
| | Type of account: Institution name: 401(k) | \$100.00 |
| | Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or one of the property of t | others |
| 23. | Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) | |
| | ■ No □ Yes Issuer name and description. | |
| | Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | |
| | Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable to No. | for your benefit |

☐ Yes. Give specific information about them...

Debtor 1

| | | Case 16-028 | 74 | Doc 1 | Filed 01/30/16 | | Desc Main |
|----|---------------------------|---|-------------------------------|------------------------------|---|--|---|
| D | ebtor 1 | Rownea M Cates | | | Document | Page 13 of 55 Case number (if known) | |
| 26 | Examp. ■ No | | ames, w | ebsites, pro | , and other intellectual poceeds from royalties and | | |
| 27 | . License Examp | s, franchises, and ot | her gen e exclusive | eral intang e licenses, c | | noldings, liquor licenses, professional licenses | |
| M | | roperty owed to you | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | ■ No | unds owed to you | on abou | t them, inclu | uding whether you alread | y filed the returns and the tax years | |
| 29 | ■ No | | | nony, spous | sal support, child support | , maintenance, divorce settlement, property set | tlement |
| 30 | Examp. ■ No | mounts someone ow les: Unpaid wages, dis unpaid loans you Give specific informat | sability ir made to | | | ts, sick pay, vacation pay, workers' compensa | tion, Social Security benefits; |
| 31 | | s in insurance policie les: Health, disability, d | | surance; he | alth savings account (HS | A); credit, homeowner's, or renter's insurance | |
| | ■ Yes. N | Name the insurance co | | of each poli ny name: | icy and list its value. | Beneficiary: | Surrender or refund value: |
| | | | | _ | h Primerica | | \$0.00 |
| | | - | No Ca | sh Value | | | φυ.υυ |
| 32 | If you a has died | re the beneficiary of a | a living tr | | omeone who has died proceeds from a life insu | rance policy, or are currently entitled to receive | e property because someone |
| 33 | | | | | u have filed a law suit or urance claims, or rights to | r made a demand for payment o sue | |
| | _ | Describe each claim | | | | | |
| 34 | ■ No | ontingent and unliqui Describe each claim | | laims of ev | ery nature, including co | ounterclaims of the debtor and rights to set o | off claims |
| 35 | | ncial assets you did | | ady list | | | |
| | ■ No | Give specific informat | | - | | | |

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 14 of 55

| Deb | tor 1 | Rownea M Cates | | Case number (if known) | - |
|--------------|---------|---|-----------------------------|---------------------------|------------------|
| 36. | | e dollar value of all of your entries from Part 4, including an | | | \$800.00 |
| Part | 5: Des | cribe Any Business-Related Property You Own or Have an Intere | est In. List any real estat | e in Part 1. | |
| 87. C | o you o | wn or have any legal or equitable interest in any business-relate | d property? | | |
| | No. Go | to Part 6. | | | |
| | Yes. Go | to line 38. | | | |
| Part | | cribe Any Farm- and Commercial Fishing-Related Property You u own or have an interest in farmland, list it in Part 1. | Own or Have an Interest | t In. | |
| 16. I | Do you | own or have any legal or equitable interest in any farm- or | commercial fishing-re | lated property? | |
| | No. C | Go to Part 7. | | | |
| | ☐ Yes. | Go to line 47. | | | |
| Part | 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| 53. I | • | have other property of any kind you did not already list? | | | |
| | | les: Season tickets, country club membership | | | |
| | ■ No | N | | | |
| L | 」Yes. € | Give specific information | | | |
| 54. | Add th | e dollar value of all of your entries from Part 7. Write that r | umber here | | \$0.00 |
| | | | | | |
| Part | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: | Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: | : Total vehicles, line 5 | \$20,300.00 | | |
| 57. | Part 3: | Total personal and household items, line 15 | \$850.00 | | |
| 58. | Part 4: | Total financial assets, line 36 | \$800.00 | | |
| 59. | Part 5: | Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: | Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: | + Total other property not listed, line 54 | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$21,950.00 | Copy personal property to | otal \$21,950.00 |
| | | | | | |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$21,950.00

| | | I A A A H H H | .111 1 (11.11. 11.11. 11.11 | |
|---------------------|----------------------------|-------------------|-----------------------------|--|
| Fill in this inforn | nation to identify your ca | ase: | | |
| Debtor 1 | Rownea M Cates | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Current value of the Amount of the exemption you aloim

Part 1: Identify the Property You Claim as Exempt

Drief description of the property and line on

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | ount of the exemption you claim Speci | Specific laws that allow exemption | |
|--|---|---|------------------------------------|--|
| | Copy the value from Schedule A/B | eck only one box for each exemption. | | |
| 2004 Pontiac Montana with over 100000 miles | \$2,800.00 | \$2,400.00 735 | ILCS 5/12-1001(c) | |
| Line from Schedule A/B: 3.1 | | 100% of fair market value, up to any applicable statutory limit | | |
| 2008 Nissan Armada with over 110000 miles | \$17,500.00 | \$2,800.00 735 | ILCS 5/12-1001(b) | |
| Line from Schedule A/B: 3.2 | | 100% of fair market value, up to any applicable statutory limit | | |
| Used household goods and furniture Line from Schedule A/B: 6.1 | \$500.00 | \$500.00 735 | ILCS 5/12-1001(b) | |
| Line Holli Schedule A/B. S. I | | 100% of fair market value, up to any applicable statutory limit | | |
| Clothing Line from Schedule A/B: 11.1 | \$350.00 | \$350.00 735 | ILCS 5/12-1001(a) | |
| Line Holli Schedule A/B. 11.1 | | 100% of fair market value, up to any applicable statutory limit | | |
| Cash Line from Schedule A/B: 16.1 | \$700.00 | \$700.00 735 | ILCS 5/12-1001(b) | |
| Line from Scriedule A/B: 10.1 | | 100% of fair market value, up to any applicable statutory limit | | |

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 16 of 55 Case number (if known) Debtor 1 Rownea M Cates Brief description of the property and line on Schedule A/B that lists this property Current value of the Amount of the exemption you claim Specific laws that allow exemption portion you own Copy the value from Check only one box for each exemption. Schedule A/B 401(k) 735 ILCS 5/12-1006 \$100.00 \$100.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| | | Document | Page 17 | of 55 | | |
|---|---|--|-------------------------------|--|------------------------------|-------------------|
| Fill in this information | on to identify your | case: | | | | |
| Debtor 1 | Rownea M Cate | S | | | | |
| | First Name | Middle Name | Last Name | | - | |
| Debtor 2 | E: AN | | | | - | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankri | uptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | - | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | ed filing |
| Official Form 1 | 1060 | | | | | |
| | | Alba Harra Olaima | C · · · | h Dans a satu | _ | 4044 |
| Schedule D | : Creditors | Who Have Claims | Securea | by Property | <u>/</u> | 12/15 |
| | | If two married people are filing togeth t, number the entries, and attach it to t | | | | |
| 1. Do any creditors ha | ve claims secured b | y your property? | | | | |
| | | nis form to the court with your other s | schedules. You h | nave nothing else to re | eport on this form. | |
| _ | of the information b | , | | 3 | | |
| | ecured Claims | ociow. | | | | |
| | | so we there are a so well alone list the area | liter e e e e e e e e e e e e | Column A | Column B | Column C |
| each claim. If more that | n one creditor has a pa | nore than one secured claim, list the cred articular claim, list the other creditors in Pa | | Amount of claim | Value of collateral | Unsecured |
| possible, list the claims | in alphabetical order a | according to the creditor's name. | | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 Credit Accep | otance | Describe the property that secures | the claim: | \$15,603.00 | \$17,500.00 | \$0.00 |
| Creditor's Name | | 2008 Nissan Armada with ov | er er | | | |
| Attn: Bankru 25505 West | | 110000 miles | | | | |
| Ste 3000 | 12 Mile Ru | As of the date you file, the claim is: | Check all that | | | |
| Southfield, M | /II 48034 | apply. Contingent | | | | |
| Number, Street, Cit | ty, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as r car loan) | mortgage or secur | ed | | |
| Debtor 2 only | | _ | | | | |
| ☐ Debtor 1 and Debto☐ At least one of the o | | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |
| Check if this claim | | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset) | | | | |
| community debt | Trelates to a | Other (including a right to offset) | | | | |
| | Opened | | | | | |
| | Opened 5/01/15 Last | t | | | | |
| | Active | • | | | | |
| Date debt was incurre | ed <u>8/10/15</u> | Last 4 digits of account num | 1ber 2523 | | | |
| | | | | | | |
| | | | | C45 00 | 20.00 | |
| | - | olumn A on this page. Write that numl the dollar value totals from all pages. | | \$15,60 | | |
| Write that number h | | ano donar variao totalo irom an pageo. | | \$15,60 | 03.00 | |
| Part 2: List Others | s to Be Notified for | a Debt That You Already Listed | | | | |
| <u> </u> | | e notified about your bankruptcy for | a debt that you a | Iready listed in Part 1 | For example, if a collection | on agency is |
| trying to collect from | you for a debt you o of the debts that you or submit this page. | we to someone else, list the creditor i listed in Part 1, list the additional cred | in Part 1, and the | n list the collection ago | ency here. Similarly, if yo | u have more than |
| -NONE- | | (| On which line | in Part 1 did you | enter the creditor? | |
| | | | | of account numbe | | |
| | | L | -ası 4 uigits (| n account numbe | 1 | |

| | Case 10-02874 | | 30 01/30/10 | | eu 01/30/16 08.12.4 | 20 D | esc Main |
|---|--|--|---|---------------------------------|--|------------------------------|---|
| Fill in this | s information to identify your c | | ocument | Page 1 | 8 01 55 | | |
| | • | | | | | | |
| Debtor 1 | Rownea M Cates | Middle Nam | Δ | Last Name | | | |
| Debtor 2 | HISTNAMO | Wildale Hairi | C | Lastivamo | | | |
| (Spouse if, f | iling) First Name | Middle Nam | е | Last Name | | | |
| United St | ates Bankruptcy Court for the: | NORTHERN I | DISTRICT OF ILL | INOIS | | | |
| Caaa :::::::::::::::::::::::::::::::::: | ah a r | | | | | | |
| Case num (if known) | iber | | | | | П | Check if this is an |
| | | | | | | _ | amended filing |
| Official | Form 106E/E | | | | | | |
| | Form 106E/F ule E/F: Creditors V | /ha Haya II | negoured C | laime | | | 12/15 |
| | plete and accurate as possible. U | | | | New O feet and distance with MONDO | NODITY -I- | |
| Schedule (D: Creditor | tory contracts or unexpired lease 3: Executory Contracts and Unex 5: Who Have Claims Secured by luation Page to this page. If you hakenown). | pired Leases (Office Property. If more sp | cial Form 106G). Do pace is needed, co | o not include py the Part yo | any creditors with partially sec ou need, fill it out, number the e | cured claim entries in th | s that are listed in Schedule ne boxes on the left. Attach |
| Part 1: | List All of Your PRIORITY Un | nsecured Claims | | | | | |
| 1. Do an | y creditors have priority unsecu | red claims against | you? | | | | |
| ■ No | . Go to Part 2. | | | | | | |
| ☐ Ye | S. | | | | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Cla | aims | | | | |
| 3. Do an | y creditors have nonpriority uns | ecured claims agai | inst you? | | | | |
| ☐ No | . You have nothing to report in this p | art. Submit this form | to the court with your | other schedu | les. | | |
| ■ Ye | s. | | | | | | |
| claim, | Il of your nonpriority unsecured (list the creditor separately for each of a particular claim, list the other credit | claim. For each claim | listed, identify what | type of claim it | is. Do not list claims already inclu | uded in Part | If more than one creditor |
| 4.1 A | Afni, Inc. | L | ast 4 digits of acco | unt number | 6215 | | \$572.00 |
| | lonpriority Creditor's Name | | Vhen was the debt i | | On a no. d. C/04/42 | | · |
| | o Box 3097 Bloomington, IL 61702 | V | vnen was the debt i | ncurrea? | Opened 6/01/13 | | |
| | lumber Street City State ZIp Code | Α | s of the date you fi | le, the claim i | s: Check all that apply | | |
| v | /ho incurred the debt? Check one | . г | ☐ Contingent | | | | |
| | Debtor 1 only | | Unliquidated | | | | |
| | Debtor 2 only | | Disputed | | | | |
| | Debtor 1 and Debtor 2 only | | ype of NONPRIORI | TY unsecure | d claim: | | |
| | $oldsymbol{\square}$ At least one of the debtors and an | nother | Student loans | | | | |
| | Check if this claim is for a com the claim subject to offset? | - | Obligations arising eport as priority claim | | ration agreement or divorce that y | ou did not | |
| | No | | Debts to pension of | or profit-sharin | g plans, and other similar debts | | |
| | Yes | | Other, Specify | Collection A | Attorney Us Cellular | | |

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 19 of 55

| Debt | or 1 Rownea M Cates | | Case number (if know) | |
|------|---|--|---|------------|
| 4.2 | city of chicago parking Nonpriority Creditor's Name | Last 4 digits of account number | 1818 | \$5,000.00 |
| | 121 N Lasalle Street ROOM 107A Chicago, IL 60602 | When was the debt incurred? | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | ☐ Unliquidated | | |
| | Debtor 2 only | Disputed | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify | | |
| 4.3 | Enhanced Recovery Corp | Last 4 digits of account number | 3629 | \$484.00 |
| | Nonpriority Creditor's Name Attention: Client Services | When was the debt incurred? | Opened 7/01/13 | |
| | 8014 Bayberry Rd | | <u> </u> | |
| | Jacksonville, FL 32256 Number Street City State Zlp Code | As of the data you file the claim | in. Chook all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | ъ. Спеск ан тасарру | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | d alaim. | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | a ciaim: | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection | Attorney Dish Network | |
| 4.4 | First Premier Bank | Last 4 digits of account number | 2429 | \$428.00 |
| | Nonpriority Creditor's Name | | Opened 11/01/12 Last Active | |
| | 3820 N Louise Ave | When was the debt incurred? | 11/21/12 | |
| | Sioux Falls, SD 57107 Number Street City State Zlp Code | As of the date you file, the claim | is: Chack all that apply | |
| | Who incurred the debt? Check one. | _ | s. Offect all that apply | |
| | ■ Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | d alatina | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | a ciaim: | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | ilation agreement of divolce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐Yes | ■ Other. Specify Credit Card | I | |
| | | | | |

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 20 of 55

| Debioi i | Nownea ivi Cales | | Case | Tidiffiber (ii kilow) | |
|----------------------|---|---|---------------|---|----------------------------|
| | avy Federal Cr Union | Last 4 digits of account number | 1729 |) | \$1.00 |
| 82 | 20 Follin Lane enna, VA 22180 | When was the debt incurred? | Opei 9/15/ | ned 8/01/15 Last Active /15 | _ |
| | Imber Street City State ZIp Code | As of the date you file, the claim is | s: Check | all that apply | |
| | no incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | ☐ Unliquidated | | | |
| | Debtor 2 only | | | | |
| | Debtor 1 and Debtor 2 only | ■ Disputed Type of NONPRIORITY unsecure | d claim: | | |
| | At least one of the debtors and another | ☐ Student loans | a Claiiii. | | |
| | Check if this claim is for a community debt | ☐ Obligations arising out of a separ | ation agr | reement or divorce that you did not | |
| | the claim subject to offset? | report as priority claims Debts to pension or profit-sharing | a plane d | and other cimilar debts | |
| | Yes | ■ Other. Specify | | and other similar debts | _ |
| 4.6 P | eoples Gas | Last 4 digits of account number | 8529 |) | \$2,461.00 |
| A: 13 | onpriority Creditor's Name ttention: Bankruptcy Department 30 E. Randolph 17th Floor hicago, IL 60601 | When was the debt incurred? | Oper 2/12 | ned 11/11/11 Last Active /13 | |
| | Imber Street City State ZIp Code | As of the date you file, the claim i | s: Check | all that apply | |
| W | ho incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | ☐ Unliquidated | | | |
| | Debtor 2 only | ☐ Disputed | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | d claim: | | |
| | At least one of the debtors and another | ☐ Student loans | | | |
| | Check if this claim is for a community debt the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ation agr | reement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, a | and other similar debts | |
| | Yes | Other. Specify Agriculture | | | - |
| Part 3: | List Others to Be Notified About a Debt T | hat You Already Listed | | | |
| trying to more tha | page only if you have others to be notified about collect from you for a debt you owe to someor In one creditor for any of the debts that you list ebts in Parts 1 or 2, do not fill out or submit thi | e else, list the original creditor in Pa ed in Parts 1 or 2, list the additional | rts 1 or | 2, then list the collection agency her | re. Similarly, if you have |
| Name and A -NONE- | | | art 1: Cre | ginal creditor? editors with Priority Unsecured Claims editors with Nonpriority Unsecured Clain | ms |
| | La | st 4 digits of account number | | | |
| Part 4: | Add the Amounts for Each Type of Unsec | cured Claim | | | |
| | amounts of certain types of unsecured claims nsecured claim. | . This information is for statistical re | porting | purposes only. 28 U.S.C. §159. Add | the amounts for each |
| | O- D-martin annual abliquiture | | 0- | Total claim | |
| Total claim | 6a. Domestic support obligations | | 6a. | \$0.00 | - |
| from Part | | - | 6b. | \$0.00 | _ |
| | 6c. Claims for death or personal injude. 6d. Other. Add all other priority unsecu | ury while you were intoxicated ired claims. Write that amount here. | 6c. 6d. | \$ <u>0.00</u> | _ |
| | Sa. Salot. Add all other priority disect | Siamio. TTillo that amount hole. | ou. | \$ | _ |
| | 6e. Total. Add lines 6a through 6d. | | 6e. | \$ 0.00 | _ |
| | | | | Total Claim | |
| Total claim | 6f. Student loans | | 6f. | \$0.00 | - |
| from Part | | aration agreement or divorce that | 6g. | \$ 0.00 | |

Page 21 of 55 Case number (if know) Debtor 1 Rownea M Cates

| 6h. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
|-----|--|-----|----------------|
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 8,946.00 |
| 6j. | Total. Add lines 6f through 6i. | 6j. | \$ 8,946.00 |

| | | 17(7(.1111)) | .111 1 (1111. 7 / 1/1 .) | . / |
|---------------------|----------------------------|-------------------|--------------------------|-----|
| Fill in this inform | mation to identify your ca | ase: | | |
| Debtor 1 | Rownea M Cates | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| 2.1 | | Name, Number, | Street, City, State and ZIP | e contract or lease Code | State what the contract or lease is for |
|-----|--------|---------------|-----------------------------|-----------------------------|---|
| | | | | | |
| | Name | | | | |
| - | Number | Street | | | |
| - | City | | State | ZIP Code | |
| 2.2 | | | | | |
| - | Name | | | | |
| - | Number | Street | | | |
| - | City | | State | ZIP Code | <u> </u> |
| 2.3 | Oity | | Oldio | <u> </u> | |
| _ | Name | | | | |
| - | Number | Street | | | |
| - | City | | State | ZIP Code | <u> </u> |
| 2.4 | | | | | |
| _ | Name | | | | |
| - | Number | Street | | | |
| - | City | | State | ZIP Code | <u> </u> |
| 2.5 | J.1.J | | Oldio | 211 0000 | |
| _ | Name | | | | _ |
| - | Number | Street | | | |
| - | City | | State | ZIP Code | |

| | | Docume | <u>nt Page 23 o</u> | <u>t 55 </u> | |
|----------------------------|---|---|---------------------------|--|---|
| Fill in this i | nformation to identify your cas | se: | | | |
| Debtor 1 | Rownea M Cates | | | | |
| DODIOI I | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| United Stat | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | | | | | |
| Case numb (if known) | per | | | | Chook if this is an |
| (II KIOWI) | | | | | Check if this is an amended filing |
| | | | | | arrierided minig |
| Officia | l Form 106H | | | | |
| | ule H: Your Cod | obtors | | | 40/45 |
| Scried | ule n. Your Cou | enroi 2 | | | 12/15 |
| iling togeth number the | ner, both are equally responsik | ole for supplying correct in ft. Attach the Additional P | nformation. If more space | e is needed, copy the Ac | possible. If two married people are Iditional Page, fill it out, and ages, write your name and case |
| 1. Do y | you have any codebtors? (If yo | ou are filing a joint case, do | not list either spouse as | a codebtor. | |
| ■ No □ Yes | | | | | |
| Califor | nin the last 8 years, have you I nia, Idaho, Louisiana, Nevada, Go to line 3. . Did your spouse, former spou | New Mexico, Puerto Rico, | Texas, Washington, and | | s and territories include Arizona, |
| 2 agaiı Sched | n as a codebtor only if that per | rson is a guarantor or cos | igner. Make sure you ha | ave listed the creditor on ale D, Schedule E/F, or So | rou. List the person shown in line Schedule D (Official Form 106D), chedule G to fill out Column 2. tor to whom you owe the debt |
| | Name, Number, Street, City, State and ZIF | ² Code | | Check all schedules the | |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | About Otract | | | | |
| | Number Street City | State | ZIP Code | | |
| | - , | | | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | _ | |
| | | | | | |

State

City

ZIP Code

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 24 of 55

| E | in this information to identify your cas | | | | | | | | | |
|---------------|---|-----------------------------|---|----------------|-----|-----------|---------------|------------------------------|--------------------------|------------|
| | btor 1 Rownea M C | | | | | | | | | |
| | <u>ittemilea in C</u> | aics | | | _ | | | | | |
| 1 | ouse, if filing) | | | | _ | | | | | |
| Uni | ited States Bankruptcy Court for the: | NORTHERN DISTRI | CT OF ILLINOIS | | _ | | | | | |
| | se number | | _ | | | Chec | k if this is: | | | |
| (If k | nown) | | | | | | n amende | • | and the second second | 40 |
| | | | | | | | | ent snowing of the follov | postpetition oving date: | cnapter 13 |
| 0 | fficial Form 106I | | | | | N | 1M / DD/ \ | /YYY | | |
| S | chedule I: Your Inco | ome | | | | | | | | 12/1 |
| you she | plying correct information. If you are are separated and your spouse is ret to this form. On the top of any addrt 1: Describe Employment | not filing with you, do no | ot include information abo | out yo | our | spouse. I | f more sp | ace is need | | |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or non-fili | ng spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | | | ☐ Empl | oyed | | |
| | attach a separate page with information about additional | Employment status | □ Not employed | ☐ Not employed | | | ☐ Not e | mployed | | |
| | employers. | Occupation | Medical Assistant | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | University of Chicag | о Но | psi | tals | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 5841 S Maryland MC 1086 Office M1 Chicago, IL 60637 | 18 | | | | | | |
| | | How long employed the | nere? 4 months | | | | | | | |
| Pai | rt 2: Give Details About Mont | hly Income | | | | | _ | | | |
| unle If yo | mate monthly income as of the date ss you are separated. ou or your non-filing spouse have mor | e you file this form. If yo | | | | | | | | |
| Spa | ce, attach a separate sheet to this for | | | | | For Deb | otor 1 | For Deb | otor 2 or ng spouse | |
| 2. | List monthly gross wages, salary If not paid monthly, calculate what the | | | 2. | \$ | 2 | ,988.14 | \$ | N/A | |
| 3. | Estimate and list monthly overtime | ne pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add line | 2 + line 3. | | 4. | \$ | 2,98 | 38.14 | \$ | N/A | |

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 25 of 55

| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. \$0.000 \$ N/A 5c. Required repayments of retirement fund loans 5c. \$0.000 \$ N/A 5c. Insurance 5c. \$0.000 \$ N/A 5c. Industry 5c. Insurance 5c. \$0.000 \$ N/A 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,266.44 \$ N/A 6c. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5f+5g+5h. 6. \$ 721.70 \$ N/A 6c. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5f+5g+5h. 6. \$ 721.70 \$ N/A 6c. Ball other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.000 \$ N/A 8e. Social Security 8c. \$0.000 \$ N/A 8e. Social Security 8c. \$0.000 \$ N/A 8e. Social Security 8c. \$0.000 \$ N/A 8c. Social Security 8c. \$0.000 | |
|--|------------|
| List all payroll deductions: Sa. Tax, Medicare, and Social Security deductions Sa. Tax, Medicare, and Social Security deductions Sb. Madatory contributions for retirement plans Sb. Sc. Sc. Sc. Sc. Sc. N/A | |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. \$ 0.000 \$ N/A 5c. Required repayments of retirement plans 5c. \$ 0.000 \$ N/A 5c. Insurance 5c. \$ 0.000 | 4 |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. \$ 0.000 \$ N/A 5c. Required repayments of retirement plans 5c. \$ 0.000 \$ N/A 5c. Insurance 5c. \$ 0.000 | |
| 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Nountary contributions 5c. Nountary co | Δ |
| 5c. Voluntary contributions for retirement fund loans 5d. Required repayments of retirement fund loans 5d. S. 0.00 \$ N/A 5e. Insurance 5f. \$ 0.00 \$ N/A 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5f. Other deductions. Specify: 5f. Volun dues 5f. Volu | |
| 5d. Required repayments of retirement fund loans 5e. Insurance 5e. Insurance 5f. Domestic support obligations 5f. Union dues 5f. Union dues 5f. Domestic support obligations 5f. Sq. 0.00 \$ N/A 5f. One deductions. Specify: 5f. \$0.00 \$ N/A 6f. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$721.70 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$2,266.44 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include allimorny, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8g. \$0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$600.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$600.00 \$ N/A 8h. Other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expense | |
| 5e. Insurance 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 721.70 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 721.70 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,266.44 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 8h. Other monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommate | |
| 5g. Union dues 5h. Other deductions. Specify: 5h. \$ 0.00 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 721.70 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,266.44 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Increast and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Other government assistance that you regularly receive include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8d. Sepension or retirement income 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d. Pension or retirement income. 8d. \$ 0.00 \$ N/A 8d | |
| 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 721.70 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,266.44 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance had you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Slatistical Summary of Certain Liabilities and Related Data, if it | 4 |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5l+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,266.44 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance that you requiarly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. *\$ 1. | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,266,44 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other firends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ | <u> </u> |
| 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. Interest and dividends 8. Interest and dividends 8. Interest and dividends 8. Interest and dividends 8. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. Social Security 8. Unemployment compensation 8. Social Security 8. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8. Pension or retirement income 8. \$0.00 \$N/A 8. Other monthly income. Specify: 8. Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | <u> </u> |
| 8a. Net income from Tental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 10. Calculate monthly income. Add line 9 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ | <u> </u> |
| monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 600.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ | |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8f. \$ 600.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ | 4 |
| regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | |
| 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8f. \$ 600.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | Α |
| 8e. Social Security 8f. Other government assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | |
| 8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | 4 |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 600.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it | <u>4</u> |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | /A |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | 2,866.44 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data,</i> if it | 2,000.11 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it | 0.00 |
| applies | 2,866.44 |
| Combin | |
| 13. Do you expect an increase or decrease within the year after you file this form? | nly income |
| ■ No. □ Yes. Explain: | |

| Fill | in this information to identify your case: | | | | |
|-----------|--|------------------------------|---------------------|---|--|
| Deb | otor 1 Rownea M Cates | | Ch | eck if this is: | |
| L. | | | | An amended filing | |
| | ouse, if filing) | | | A supplement show expenses as of the | ring postpetition chapter 13 following date: |
| Unit | ed States Bankruptcy Court for the: NORTHERN DISTRICT | OF ILLINOIS | | MM / DD / YYYY | |
| Cas | e number | | | | |
| (If k | nown) | | | | |
| \cap | fficial Form 106J | | | | |
| | chedule J: Your Expenses | | | | 12/15 |
| Be | as complete and accurate as possible. If two married per prmation. If more space is needed, attach another sheet to own). Answer every question. | | | | |
| Par 1. | t 1: Describe Your Household Is this a joint case? | | | | |
| ٠. | ■ No. Go to line 2. | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, E | xpenses for Separate Hous | <i>ehold</i> of Deb | itor 2 | |
| 2. | Do you have dependents? \square No | rperiese iei espaiale i ieue | 0 | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this informal each dependent | | | Dependent's age | Does dependent live with you? |
| | Do not state the | Ob it d | | | □ No |
| | dependents names. | Child | | 3 | ■ Yes □ No |
| | | Child | | 5 | ■ Yes |
| | | | | | □ No |
| | | Child | | 7 | ■ Yes |
| | | Ob it d | | 0 | □ No |
| | | Child | | 9 | ■ Yes □ No |
| | | Child | | 10 | ■ Yes |
| | | | | | □ No |
| | | Child | | 11 | ■ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes | | | | |
| Par | | | | | |
| exp | timate your expenses as of your bankruptcy filing date un benses as of a date after the bankruptcy is filed. If this is a plicable date. | | | | |
| | lude expenses paid for with non-cash government assist | ance if you know the | | | |
| val | ue of such assistance and have included it on <i>Schedule</i> arm 106l.) | | | Your exp | enses |
| 4. | The rental or home ownership expenses for your residence payments and any rent for the ground or lot. | ence. Include first mortgage | 4. | \$ | 500.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. | \$ | 0.00 |

4c. \$

0.00

4c.

Home maintenance, repair, and upkeep expenses

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 27 of 55

| Debtor 1 | Rownea M Cates | Case number (if known) | |
|---------------|--|------------------------|------|
| 4d. | Homeowner's association or condominium dues | 4d. \$ | 0.00 |
| 5. Add | litional mortgage payments for your residence, such as home equity loans | 5. \$ | 0.00 |

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 28 of 55

| er, sewer, garbage collection sphone, cell phone, Internet, satellite, and cable services er. Specify: housekeeping supplies and children's education costs aundry, and dry cleaning care products and services ad dental expenses ation. Include gas, maintenance, bus or train fare. ude car payments. nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations ude insurance deducted from your pay or included in lines 4 or 20. insurance irinsurance er insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. to release payments: payments for Vehicle 1 payments for Vehicle 2 | 6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 16. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 0.00 100.00 0.00 922.00 78.00 150.00 66.00 250.00 0.00 0.00 0.00 200.00 0.00 |
|--|---|--|--|
| er, sewer, garbage collection sphone, cell phone, Internet, satellite, and cable services er. Specify: housekeeping supplies and children's education costs aundry, and dry cleaning care products and services ad dental expenses ation. Include gas, maintenance, bus or train fare. ude car payments. nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations ude insurance deducted from your pay or included in lines 4 or 20. insurance lith insurance icicle insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 100.00 0.00 922.00 78.00 150.00 66.00 250.00 0.00 0.00 0.00 0.00 200.00 |
| er, sewer, garbage collection sphone, cell phone, Internet, satellite, and cable services er. Specify: housekeeping supplies and children's education costs aundry, and dry cleaning care products and services ad dental expenses ation. Include gas, maintenance, bus or train fare. ude car payments. nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations ude insurance deducted from your pay or included in lines 4 or 20. insurance lith insurance icicle insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 100.00 0.00 922.00 78.00 150.00 66.00 250.00 0.00 0.00 0.00 0.00 200.00 |
| sphone, cell phone, Internet, satellite, and cable services er. Specify: housekeeping supplies and children's education costs aundry, and dry cleaning care products and services ad dental expenses ation. Include gas, maintenance, bus or train fare. ude car payments. nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations ude insurance deducted from your pay or included in lines 4 or 20. insurance lith insurance icle insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 100.00 0.00 922.00 78.00 150.00 66.00 250.00 0.00 0.00 0.00 200.00 |
| er. Specify: housekeeping supplies and children's education costs aundry, and dry cleaning care products and services ad dental expenses ation. Include gas, maintenance, bus or train fare. ude car payments. nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations ude insurance deducted from your pay or included in lines 4 or 20. insurance lth insurance icle insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 922.00 78.00 150.00 150.00 66.00 250.00 0.00 0.00 |
| housekeeping supplies and children's education costs aundry, and dry cleaning care products and services ad dental expenses ation. Include gas, maintenance, bus or train fare. ude car payments. nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations ude insurance deducted from your pay or included in lines 4 or 20. insurance lth insurance icle insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 922.00 78.00 150.00 150.00 66.00 250.00 0.00 0.00 0.00 0.00 200.00 |
| and children's education costs aundry, and dry cleaning care products and services ad dental expenses ation. Include gas, maintenance, bus or train fare. ude car payments. nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations ude insurance deducted from your pay or included in lines 4 or 20. insurance lth insurance icle insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 78.00 150.00 150.00 66.00 250.00 0.00 0.00 0.00 200.00 |
| aundry, and dry cleaning care products and services and dental expenses ation. Include gas, maintenance, bus or train fare. ude car payments. ment, clubs, recreation, new spapers, magazines, and books contributions and religious donations ude insurance deducted from your pay or included in lines 4 or 20. insurance lth insurance icle insurance er insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 150.00 150.00 66.00 250.00 0.00 0.00 0.00 200.00 |
| care products and services and dental expenses ation. Include gas, maintenance, bus or train fare. ude car payments. nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations . ude insurance deducted from your pay or included in lines 4 or 20. insurance lth insurance icle insurance er insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 150.00 66.00 250.00 0.00 0.00 0.00 200.00 |
| ad dental expenses ation. Include gas, maintenance, bus or train fare. ude car payments. nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations . ude insurance deducted from your pay or included in lines 4 or 20. insurance lth insurance icle insurance er insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 11. 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 66.00 250.00 0.00 0.00 0.00 0.00 200.00 |
| ation. Include gas, maintenance, bus or train fare. ude car payments. nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations . ude insurance deducted from your pay or included in lines 4 or 20. insurance lth insurance icle insurance er insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 12. 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 250.00 0.00 0.00 0.00 0.00 200.00 |
| ude car payments. nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations ude insurance deducted from your pay or included in lines 4 or 20. insurance lth insurance icle insurance er insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 250.00 0.00 0.00 0.00 0.00 200.00 |
| nent, clubs, recreation, new spapers, magazines, and books contributions and religious donations ude insurance deducted from your pay or included in lines 4 or 20. insurance Ith insurance icle insurance er insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 13. 14. 15a. 15b. 15c. 15d. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00 0.00 0.00 0.00 200.00 |
| contributions and religious donations ude insurance deducted from your pay or included in lines 4 or 20. insurance Ith insurance icle insurance icle insurance ir insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 14. 15a. 15b. 15c. 15d. | \$ = \$ \$ = | 0.00 0.00 0.00 200.00 |
| ude insurance deducted from your pay or included in lines 4 or 20. insurance Ith insurance icle insurance er insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 15a. 15b. 15c. 15d. | \$ \$ \$ = | 0.00 0.00 200.00 |
| ude insurance deducted from your pay or included in lines 4 or 20. insurance Ith insurance icle insurance er insurance. Specify: In not include taxes deducted from your pay or included in lines 4 or 20. It or lease payments: payments for Vehicle 1 | 15b. 15c. 15d. | \$ | 0.00 0.00 200.00 |
| insurance Ith insurance icle insurance er insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 15b. 15c. 15d. | \$ | 0.00 200.00 |
| Ith insurance icle insurance er insurance. Specify: In not include taxes deducted from your pay or included in lines 4 or 20. It or lease payments: payments for Vehicle 1 | 15b. 15c. 15d. | \$ | 0.00 200.00 |
| icle insurance er insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. It or lease payments: payments for Vehicle 1 | 15c. 15d. | \$ | 200.00 |
| er insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | 15d. | | 200.00 |
| not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | | \$ | |
| not include taxes deducted from your pay or included in lines 4 or 20. t or lease payments: payments for Vehicle 1 | | <u> </u> | |
| t or lease payments: payments for Vehicle 1 | 16. | | 0.00 |
| payments for Vehicle 1 | | \$ | 0.00 |
| payments for Vehicle 1 | | | 0.00 |
| | 17a. | \$ | 0.00 |
| | 17b. | | 0.00 |
| - Caraltan | 17c. | · | 0.00 |
| er. Specify: | 17d. | · | |
| · | 17u. | Ψ | 0.00 |
| ments of alimony, maintenance, and support that you did not report as | 18. | \$ | 0.00 |
| from your pay on line 5, Schedule I, Your Income (Official Form 106I). ments you make to support others who do not live with you. | | \$ | 0.00 |
| ments you make to support others who do not live with you. | 19. | Ψ | 0.00 |
| property expenses not included in lines 4 or 5 of this form or on School | | noomo | |
| | | | 0.00 |
| | | · | |
| | | · | 0.00 |
| • | | · · | 0.00 |
| | | | 0.00 |
| | | · | 0.00 |
| ecify: | 21. | +\$ | 0.00 |
| your monthly expenses | | | |
| • | | ¢ | 2 416 00 |
| · · · · · · · · · · · · · · · · · · · | | | 2,416.00 |
| line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | · | |
| ne 22a and 22b. The result is your monthly expenses. | | \$ | 2,416.00 |
| your monthly net income | | | |
| • | 220 | ¢ | 2 266 44 |
| | | | 2,866.44 |
| y your monthly expenses from line 22c above. | 230. | -Φ | 2,416.00 |
| tract your monthly expenses from your monthly issues | | | |
| | 23c | \$ | 450.44 |
| result is your monunity net income. | 200. | | |
| tti on the order of the order o | gages on other property estate taxes erty, homeowner's, or renter's insurance genance, repair, and upkeep expenses ecowner's association or condominium dues ecity: | property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Ingages on other property 20a. gestate taxes 20b. gerty, homeowner's, or renter's insurance 20c. genance, repair, and upkeep expenses 20d. geowner's association or condominium dues 20e. geowner's association or condominium dues 21. 21. 21. 22. 23. 24. 25. 26. 26. 27. 27. 28. 29. 29. 29. 29. 20. 20. 20. 20 | property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. gages on other property estate taxes erty, homeowner's, or renter's insurance generate, repair, and upkeep expenses expenses expenses expenses expenses expenses expenses es 4 through 21. ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 expenses ex |

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 29 of 55

| Fill in this inform | nation to identify your ca | se: | | | |
|---------------------------------|---|--------------------------|---------------------------|--|---|
| Debtor 1 | Rownea M Cates | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | Γ OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| | | | | | |
| Official Forr | | | | | |
| Declarat | tion About a | ın Individual | Debtor's S | schedules | 12/15 |
| money or proper | | | | | nt, concealing property, or obtaining ment for up to 20 years, or both. 18 |
| Sig | n Below | | | | |
| Did you pa | y or agree to pay somed | one who is NOT an attorn | ey to help you fill out I | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | . Attach Bankruptcy Petiti and Signature (Official Fo | ion Preparer's Notice, Declaration, orm 119). |
| | alty of perjury, I declare t e true and correct. | hat I have read the summ | ary and schedules file | d with this declaration a | nd |
| X /s/ Rov | wnea M Cates | | X | | |
| | ea M Cates | | Signature | e of Debtor 2 | |

Date

Signature of Debtor 1

Date January 30, 2016

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 30 of 55

| Fill | in this inform | ation to identify your | case: | | | | | | | | |
|--------|---------------------------|---------------------------|---|-------------------------------------|--|------------------------------------|--|--|--|--|--|
| Deb | otor 1 | Rownea M Cate | S | | | | | | | | |
| Dak | oto = O | First Name | Middle Name | Last Name | | | | | | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | | | | | | |
| Uni | ted States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | | | | | | |
| Cas | se number | | | | | | | | | | |
| (if kr | nown) | | | | | Check if this is an amended filing | | | | | |
| | | | | | | 3 | | | | | |
| ∩f | ficial Fo | rm 107 | | | | | | | | | |
| | | | Affairs for Individ | luals Filing for Ba | ankruptcy | 12/15 | | | | | |
| | | | ble. If two married people are | | | | | | | | |
| mor | e space is ne | eded, attach a separa | te sheet to this form. On the | | | | | | | | |
| Ans | wer every qu | estion. | | | | | | | | | |
| Par | t 1: Give D | etails About Your Ma | rital Status and Where You L | ived Before | | | | | | | |
| 1. | What is your | current marital statu | s? | | | | | | | | |
| | ☐ Married | | | | | | | | | | |
| | ■ Not man | rried | | | | | | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than wh | nere you live now? | | | | | | | |
| | ■ Na | No | | | | | | | | | |
| | _ | t all of the places you I | ived in the last 3 years. Do not | include where you live now. | | | | | | | |
| | | ior Address: | Dates Debtor 1 | | drace: | Dates Debtor 2 | | | | | |
| | Debior 111 | ioi Address. | there | Debtor 2 Frior Ad | uicos. | lived there | | | | | |
| 3. | | | er live with a spouse or legal | | | | | | | | |
| and | territories inclu | ude Arizona, California | , Idaho, Louisiana, Nevada, Ne | ew Mexico, Puerto Rico, Texa | s, Washington and Wisconsin. |) | | | | | |
| | ■ No | | | | | | | | | | |
| | ☐ Yes. Ma | ake sure you fill out Sch | hedule H: Your Codebtors (Offi | icial Form 106H). | | | | | | | |
| Par | t 2 Explai | n the Sources of You | r Income | | | | | | | | |
| _ | Didamakan | | | - Landa - Andrew de Landa | | | | | | | |
| 4. | Fill in the tota | l amount of income yo | nployment or from operating a u received from all jobs and all | businesses, including part-tim | ne activities. | years? | | | | | |
| | if you are fillr | ng a joint case and you | have income that you receive | togetner, list it only once unde | er Debtor 1. | | | | | | |
| | □ No | | | | | | | | | | |
| | ■ Yes. Fill | in the details. | | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and | Sources of income Check all that apply. | Gross income (before deductions | | | | | |
| | | | oncon an that apply. | exclusions) | Shook all that apply. | and exclusions) | | | | | |
| 201 | 5 YTD: Debto | or Estimated Wages | ☐ Wages, commissions, | \$11,785.32 | ☐ Wages, commissions, | | | | | | |
| | | | bonuses, tips | | bonuses, tips | | | | | | |
| | | | Operating a business | | Operating a business | | | | | | |

Official Form 107

Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Case 16-02874 Document

Page 31 of 55 Case number (if known) Debtor 1 Rownea M Cates

| | | Debtor 1 | | Debtor 2 | |
|---------------------------------|--|---|--|---|---|
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| 2014: Debtor | Estimated Wa | ages ☐ Wages, commissions, bonuses, tips | \$10,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| 2013: Debtor | Estimated Wa | ages ☐ Wages, commissions, bonuses, tips | \$10,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| Include incother publif you are | come regardle lic benefit payr filing a joint ca | ther income during this year or the two pass of whether that income is taxable. Examents; pensions; rental income; interest; dase and you have income that you receive a gross income from each source separate tils. | mples of other income are alim- dividends; money collected from ed together, list it only once und | n lawsuits; royalties; and gamb er Debtor 1. | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below | Gross income (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| 2015 YTD | | Debtor Link | \$5,400.00 | | |
| 2014 | | Debtor Link | \$7,200.00 | | |
| 2013 | | Debtor Link | \$7,200.00 | | |
| | | ments You Made Before You Filed for B | | | |
| 6. Are eithei □ No. | Neither Deb | r Debtor 2's debts primarily consumer of otor 1 nor Debtor 2 has primarily consum imarily for a personal, family, or househol | mer debts. Consumer debts ar | e defined in 11 U.S.C. § 101(8 | s) as "incurred by an |
| | During the 9 | 0 days before you filed for bankruptcy, die | d you pay any creditor a total o | f \$6,225* or more? | |
| | ☐ Yes | Go to line 7. List below each creditor to whom you pa that creditor. Do not include payments fo | r domestic support obligations, | | |
| | * Subject to | include payments to an attorney for this be adjustment on 4/01/16 and every 3 years | | after the date of adjustment. | |
| ■ Yes. | | Debtor 2 or both have primarily consur 0 days before you filed for bankruptcy, did | | f \$600 or more? | |
| | No. | Go to line 7. | | | |
| | □ Yes | List below each creditor to whom you pa payments for domestic support obligation for this bankruptcy case. | | | |
| Craditor | 's Name and | Addrace Dates of navme | ont Total amount | Amount you Was this | navment for |

paid

still owe

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 32 of 55

ase number (if known) Debtor 1 Rownea M Cates Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider Insider's Name and Address **Dates of payment Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider Insider's Name and Address Total amount Amount you Reason for this payment Dates of payment Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any law suit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ☐ No Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Value of the Date property Explain what happened city of chicago parking 2004 Pontiac Montana booted and towed by 09/17/15 \$0.00 121 N Lasalle Street ROOM 107A City for tickets Chicago, IL 60602 ☐ Property was repossessed. ☐ Property was foreclosed. Property was garnished. ☐ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a

■ No □ Yes

court-appointed receiver, a custodian, or another official?

Debtor 1 Rownea M Cates

Document Page 33 of 55
Case number (if known)

| Par | t 5: List Certain Gifts and Contributions | | | |
|-----|--|---|-----------------------------------|----------------------|
| 13. | Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift. | , did you give any gifts with a total value of more than | n \$600 per person? | |
| | Gifts with a total value of more than \$600 pe person | r Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| 14. | Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift or contri | , did you give any gifts or contributions with a total va | alue of more than \$600 | to any charity |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | |
| 15. | Within 1 year before you filed for bankruptcy gambling? ■ No □ Yes. Fill in the details. | or since you filed for bankruptcy, did you lose anythin | g because of theft, fire, | other disaster, or |
| | Describe the property you lost and | escribe any insurance coverage for the loss | Date of your | Value of property |
| | | clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | loss | lost |
| Par | t 7: List Certain Payments or Transfers | | | |
| 16. | about seeking bankruptcy or preparing a ban | did you or anyone else acting on your behalf pay or tr kruptcy petition? rers, or credit counseling agencies for services required in | | anyone you consulted |
| | □ No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | THE SEMRAD LAW FIRM, LLC 20 S. Clark Street 28th Floor Chicago, IL 60603 | \$500 | 09/18/15 | \$350.00 |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you No | | ansfer any property to | anyone who |
| | ☐ Yes. Fill in the details. | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Page 34 of 55 Case number (if known) Document

Debtor 1 Rownea M Cates

| 18. | Within 2 years before you filed for bankrupton the ordinary course of your business or filed both outright transfers and transfers magifts and transfers that you have already listed No Yes. Fill in the details. | i nancia ade as | I affairs? security (such as the | | | | | | | |
|-----|---|---------------------------|--|----------------------------|-----------|--|-------------------------------------|----|--|--|
| | Person Who Received Transfer Address | | Description and v transferred | alue of property | pay | scribe any property or yments received or debts id in exchange | Date transfer was made | 5 | | |
| | Person's relationship to you | | | | | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro | | | property to a self | -settled | trust or similar device of wh | nich you are a | | | |
| | Yes. Fill in the details. | | B | -1 | | | D-1- T(| | | |
| | Name of trust | | Description and v | alue of the prop | erty trar | nsterred | Date Transfer wa made | IS | | |
| Par | List of Certain Financial Accounts, Ins | strume | nts, Safe Deposit B | oxes, and Stora | ge Units | s | | | | |
| 20. | Within 1 year before you filed for bankruptcy moved, or transferred? | | • | | | | | | | |
| | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | t 4 digits of ount number | Type of account instrument | ınt or | Date account was closed, sold, moved, or transferred | Last balance befo closing or transf | | | |
| 21. | Do you now have, or did you have within 1 or other valuables? | year be | efore you filed for b | ankruptcy, any s | safe dep | oosit box or other depository | for securities, cash | , | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | Who else had acc Address (Number, S State and ZIP Code) | | Descri | be the contents | Do you still havit? | /e | | |
| 22. | Have you stored property in a storage unit of | or place | e other than your he | ome within 1 yea | ar before | e you filed for bankruptcy | | | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | | Who else has or h to it? Address (Number, S State and ZIP Code) | | Descri | be the contents | Do you still havit? | /e | | |
| Par | 9: Identify Property You Hold or Control | for So | meone Else | | | | | | | |
| 23. | Do you hold or control any property that so someone. | meone | else owns? Include | e any property y | ou borro | owed from, are storing for, o | r hold in trust for | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | | Where is the prop (Number, Street, City, Code) | | Descri | be the property | Valu | ue | | |
| | | | | | | | | | | |

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Page 35 of 55
Case number (if known) Document

Rownea M Cates Debtor 1

Part 10: Give Details About Environmental Information

| For | the purpose of Part 10, the following definitions a | рріу: | | | | | | | |
|--|---|--|---------------------------------------|--------------------|--|--|--|--|--|
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | | | |
| | Hazardous material means anything an environmenterial, pollutant, contaminant, or similar term. | mental law defines as a hazardous wa | aste, hazardous substance, toxic subs | stance, hazardous | | | | | |
| Rep | ort all notices, releases, and proceedings that you | ı know about, regardless of when the | ey occurred. | | | | | | |
| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | |
| Pai | t 11: Give Details About Your Business or Conn | nections to Any Business | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, die | d you own a business or have any of | the following connections to any busi | iness? | | | | | |
| | ☐ A sole proprietor or self-employed in a tra | ade, profession, or other activity, eith | er full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (| LLC) or limited liability partnership (LI | LP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing executive | ve of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or | equity securities of a corporation | | | | | | | |

Business Name

(Number, Street, City, State and ZIP Code)

Address

Describe the nature of the business

Name of accountant or bookkeeper

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Employer Identification number

Dates business existed

Do not include Social Security number or ITIN.

Case 16-02874 Filed 01/30/16 Entered 01/30/16 08:12:26 Page 36 of 55 Document Debtor 1 Rownea M Cates Case number (if known) 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Rownea M Cates Signature of Debtor 2 Rownea M Cates Signature of Debtor 1 Date January 30, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Desc Main

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|---|
| \$245 | filing fee | _ |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee
\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 500.00 toward the flat fee, leaving a balance due of \$ 3500.00 ; and \$ 72.00 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:

Signed:

Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 47 of 55

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In 1 | re Rownea M Cates | | Case No. | |
|------|---|--------------------------------------|------------------------|-------------------------------------|
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMP | ENSATION OF ATTO | RNEY FOR DE | CBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 paid to me within one year before the filing of the petit behalf of the debtor(s) in contemplation of or in conne | tion in bankruptcy, or agreed to be | e paid to me, for serv | |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 |
| | Prior to the filing of this statement I have received | | | 500.00 |
| | Balance Due | | | 3,500.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed con | mpensation with any other person | unless they are mem | bers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n | | | |
| 5. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspects | s of the bankruptcy ca | ase, including: |
| | a. Analysis of the debtor's financial situation, and reneb. Preparation and filing of any petition, schedules, stc. Representation of the debtor at the meeting of credd. [Other provisions as needed] | atement of affairs and plan which | may be required; | |
| 6. | By agreement with the debtor(s), the above-disclosed is | fee does not include the following | g service: | |
| | | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of a bankruptcy proceeding. | any agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in |
| | January 30, 2016 | /s/ Brenda Ann Lil | kavec | |
| _ | Date | Brenda Ann Likav | ec 27224-64 | |
| | | Signature of Attorn The Semrad Law | | |
| | | 20 S. Clark Street | | |
| | | 28th Floor Chicago, IL 60603 | 2 | |
| | | | ax: (312) 913 0631 | |
| | | rsemrad@semrad | | |

Name of law firm

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 500.00 toward the flat fee, leaving a balance due of \$ 3500.00 ; and \$ 72.00 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:

Signed:

Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Document Page 54 of 55

United States Bankruptcy Court Northern District of Illinois

| In re | Rownea M Cates | | Case No. | | |
|-------|---|---|------------|---|--|
| | | Debtor(s) | Chapter 13 | | |
| | VEI | RIFICATION OF CREDITOR M. | ATRIX | | |
| | | Number of Creditors: | | 7 | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | |
| Date: | January 30, 2016 | /s/ Rownea M Cates Rownea M Cates Signature of Debtor | | | |

Afni, Inc Case 16-02874 Doc 1 Filed 01/30/16 Entered 01/30/16 08:12:26 Desc Main Po Box 3097 Document Page 55 of 55

city of chicago parking 121 N Lasalle Street ROOM 107A Chicago, IL 60602

Credit Acceptance Attn: Bankruptcy Dept 25505 West 12 Mile Rd Ste 3000 Southfield, MI 48034

Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

Navy Federal Cr Union 820 Follin Lane Vienna, VA 22180

Peoples Gas Attention: Bankruptcy Department 130 E. Randolph 17th Floor Chicago, IL 60601